

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Apr 01, 2005 8:00 am**  
**Secretary of State**

04-01-2005 90157 016 \*\*\*\*50.00

**DOCUMENT # L03000011487**

1. Entity Name

HERITAGE REAL ESTATE, L.L.C.



Principal Place of Business

9100 BAYTOWNE WHARF BOULEVARD  
470/472  
DESTIN FL 32440

Mailing Address

9100 BAYTOWNE WHARF BOULEVARD  
470/472  
DESTIN FL 32440



2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

11206 FALL CREEK

Suite, Apt. #, etc.

1st MOORE

CR2E083 (10/04)

City & State

City & State

INDIANAPOLIS, IN

4. FEI Number

51-0469927

Applied For

Not Applicable

Zip

Country

Zip

46256

Country

USA

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

COLOWICH, JOHN F ESQ.  
4481 LEGENDARY DRIVE  
200  
DESTIN FL 32541

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**

**Make Check Payable to Florida Department of State  
Due By May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete  
NAME SCHRENKER, MICHELLE K  
STREET ADDRESS 9100 BAYTOWNE WHARF BLVD, SUITE 470/472  
CITY-ST-ZIP DESTIN FL 32440

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE MANAGER & V.P. ☐ Change ☒ Addition  
NAME SCHRENKER, MARCUS  
STREET ADDRESS 9100 BAYTOWNE WHARF / STE 470/472  
CITY-ST-ZIP DESTIN, FL 32550

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Michelle K. Schrenker

3-28-05

Date

Daytime Phone #